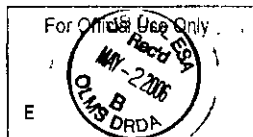


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>1944</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>David</u> <u>C</u> <u>Zimmermann</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 96</u> Street _____ City <u>Crystal City</u> State <u>Missouri</u> ZIP Code + 4 <u>63019-1424</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers' AFL-CIO LU #36</u> Labor Organization File Number <u>035-367</u> P.O. Box, Building and Room Number, if any _____ Street <u>301 S. Ewing Ave</u> City <u>St. Louis</u> State <u>Missouri</u> ZIP Code + 4 <u>63103-2509</u>
5. Position in labor organization. <u>President/Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>x</u> <u>David C. Zimmermann</u>	On <u>4/26/06</u> _____ Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Training Institute for the

Trade Name, if any: Sheet Metal and AirConditioning Ind

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax St, Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name St. Louis Sheet Metal Joint Apprentice Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3033 Spruce

City St. Louis

State Missouri ZIP Code + 4 63103-2529

11.a. Nature of such dealing.

Education of Sheet Metal Apprentices

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meals & snacks while attending Feb, July, & Nov 2005
Trustee meetings

12.b. Amount.

\$333

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sheet Metal Occupational Health Institute

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax St Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name St. Louis Sheet Metal Joint Apprentice Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3033 Spruce

City St. Louis

State Missouri ZIP Code + 4 63103-2529

11.a. Nature of such dealing.

Education of sheet Metal Apprentices

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Travel, lodging, and meals at Jan 2005 Budget meeting and Feb, July, & Nov Trustee meetings

12.b. Amount.

\$5,168

Name of Person Filing David Zimmermann

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Energy Mang. Institute Committee

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax St Suite 250

City Alexandria

State Virginia ZIP Code + 4 22314

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name St. Louis Sheet Metal Joint Apprentice Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3033 Spruce Ave

City ST. LOUIS

State Missouri ZIP Code -- 4 63103-2529

11.a. Nature of such dealing.

Education of Sheet Metal Apprentices

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meals & snacks at Feb, July, & Nov 2005 Trustee meetings

12.b. Amount.

\$469

Name of Person Filing David Zimmermann

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Energy Management Institute, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax St Suite 250

City Alexandria

State Virginia ZIP Code + 4 22314

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name St. Louis Sheet Metal Joint Apprentice Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3033 Spruce Ave

City ST. LOUIS

State Missouri ZIP Code + 4 63103-2529

11.a. Nature of such dealing.

Education of Sheet Metal Apprentices

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Travel, lodging, and meals at residential task force meeting and Feb, July, & Nov Trustee meetings.

12.b. Amount.

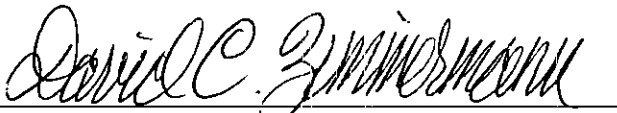
\$1,598

U.S. Department of Labor
200 Constitution Ave.
Washington, D.C. 20210

Re: David C. Zimmermann
2005 Form LM-30

Dear Sir or Madam:

Please accept the filing of the enclosed 2005 Form LM-30. The information contained in the enclosed LM-30 report is based on my best effort to make a good- faith reconstruction of events occurring in 2005. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report


David C. Zimmermann